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ATTACHMENT 4.32-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WISCONSIN

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES
REQUESTS TO OTHER STATE AGENCIES

HA-179 # 86-0021 Date Rec'd 9/8/86
Supersedes _____ Date Appr. 10/16/86
Date Rep. In. _____ Date Eff. 7/1/86

TN No. _____
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TN No. _____

Approval Date _____ Effective Date _____

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